FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

AUG 25 2006

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SEC US	E ONLY					
Prefix	Serial					
DATE RECEIVED						

NOTICE OF SALE OF SECURITIES 209 PURSUANT TO REGULATION SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

Name of Offering (check if this is an amendment and name has changed, and indicate change.)						
The Baring Asia Private Equity Fund III Co-Investment L.P. 1						
Filing Under (Check box(es) that apply): Rule 504 ■ Rule 505 ■ Rule 506 ■ Sect	tion 4(6) ULOE					
Type of Filing: ■ New Filing in I						
A. BASIC IDENTIFICATION I	DATA					
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) The Baring Asia Private Equity Fund III Co-Investment L.P. 1 (the "Fund")						
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
c/o Baring Private Equity Asia GP III, Limited, c/o M&C Corporate Services Limited, P.O. Box	852-2843-9318					
309, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands, British						
West Indies						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)						
(if different from Executive Offices)	·					
Brief Description of Business						
investments in the control of the co						
Type of Business Organization						
corporation limited partnership, already formed other (please specify)): AUG 2 8 2005					
business trust limited partnership, to be formed						
Month Year						
Actual or Estimated Date of Incorporation or Organization: 0 7 0 5 Actual Estimated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: F N						
CN for Canada; FN for other foreign jurisdiction)						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director ■ General and/or Managing Partner Full Name (Last name first, if individual) Baring Private Equity Asia GP III, L.P. (the "General Partner") Business or Residence Address (Number and Street, City, State, Zip Code) c/o M&C Corporate Services Limited, P.O. Box 309, Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands, British West Indies Beneficial Owner Executive Officer Director ■ General and/or Managing Partner* Check Box(es) that Apply: Promoter Full Name (Last name first, if individual) Baring Private Equity Asia GP III Limited (the "General Partner of the General Partner") Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples and Calder, Ugland House, South Church St., George Town, Grand Cayman, Cayman Islands, British West Indies Check Box(es) that Apply: Promoter Beneficial Owner ■ Executive Officer** ■ Director** General and/or Managing Partner Full Name (Last name first, if individual) Salata, Jean Eric Business or Residence Address (Number and Street, City, State, Zip Code) c/o Baring Private Equity Asia Limited, 39F/ One International Finance Center, Central Hong Kong Check Box(es) that Apply: Beneficial Owner ■ Executive Officer** Promoter ■ Director** General and/or Managing Partner Full Name (Last name first, if individual) Tek, Yok Hua Business or Residence Address (Number and Street, City, State, Zip Code) Blk 150 #02-160, Hongang St. 11, Minton Rise Condo, Singapore 530150 Beneficial Owner Check Box(es) that Apply: Promoter Executive Officer ■ Director ** General and/or Managing Partner Full Name (Last name first, if individual) Wilderspin, Steven Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Finance Jersey Limited, 2nd Floor, Le Masurier House, La Rue Le Masurier, St. Helier, JE2 4YE, Channel Islands Check Box(es) that Apply: Beneficial Owner Executive Officer ■ Director** Promoter General and/or Managing Partner Full Name (Last name first, if individual) Jones, Liam Business or Residence Address (Number and Street, City, State, Zip Code) c/o Maples Finance Jersey Limited, 2nd Floor, Le Masurier House, La Rue Le Masurier, St. Helier, JE2 4YE, Channel Islands Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer General and/or Managing Partner Director Full Name (Last name first, if individual)

* the general partner of the General Partner of the Fund / ** of the General Partner of the General Partner

Business or Residence Address (Number and Street, City, State, Zip Code)

111 Huntington Avenue, Boston, MA 02199

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Childs, John W.

2. Enter the information re	quested for the follo	owing:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
Each beneficial ov	vner having the pow	er to vote or dispose, or dire	et the vote or disposition of,	, 10% or more of a	class of equity securities of the issuer;				
Each executive of	ficer and director of	corporate issuers and of corp	porate general and managing	g partners of partner	ship issuers; and				
• Each general and t	managing partner of	partnership issuers.							
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Check Box(cs) that Apply.	Tromoter	= Beneficial Owner	Excedit Comed	Director -	Goneral and or managing further				
Full Name (Last name first, i Anstalt, Usolia	f individual)	<u> </u>							
Business or Residence (Numb Herrengasse 21, Vaduz 9490,									
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual) James E. Guth Revocable Trust UAD February 5, 1998									
Business or Residence Address (Number and Street, City, State, Zip Code) One North Wacker Drive, Suite 4060, Chicago IL 60606									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Address	ss (Number and Stre	et, City, State, Zip Code)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Residence Addres	Business or Residence Address (Number and Street, City, State, Zip Code)								

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

* the general partner of the General Partner of the Fund / ** of the General Partner of the General Partner

						B. INFO	ORMATIC	ON ABOUT	OFFERI	NG					
														Yes	No
1.	Has the	issuer sold,	, or does th	e issuer inte	end to sell, t	to non-acer	edited inves	stors in this	offering?			****************		🛘	
Answer also in Appendix, Column 2, if filing under ULOE.															
2. What is the minimum investment that will be accepted from any individual?								\$50,000°	*						
* T}	he Genera	al Partner re	eserves the	right to acc	ept capital	commitmer	its of lesser	amounts.						Yes	No
3.															
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									such a					
Full	Name (L	ast name fi	irst, if indiv	/idual)	-				-						
Not a	applicable	e.													
Busi	ness or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (Code)								
Nam	e of Asso	ciated Bro	ker or Deal	er											
State	s in Whice	ch Person L	isted Has S	Solicited or	Intends to 5	Solicit Purc	hasers								
	(Check '	"All States"	or check i	ndividual S	tates)									□ All State	es
	` [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full 1	Name (La	ast name fir	rst, if indiv	idual)							**************************************				
Busin	ness or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)			-	,				
Nam	e of Asso	ciated Brol	ker or Deal	er											
State	s in Whic	ch Person L	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers								
	(Check '	'All States"	or check i	ndividual S	tates)									□ All State	es
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full l	Name (L	ast name fi	rst, if indiv	idual)	,										
Busir	ness or Re	esidence A	ddress (Nu	imber and S	treet, City,	State, Zip (Code)								
Name	e of Asso	ciated Brol	ker or Deal	er											
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers															
(Check "All States" or check individual States)								es							
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Type of Security		Aggregate Offering Price	Amount Already Sold
Debt		\$0	
Equity		\$0	
	□ Common □ Preferred		- · ·
Convertible Securities (including	warrants)	\$0	\$0
		\$500,000,000*	
Other (Specify)	\$0	
		\$500,000,000	
exces Answer also	General Partner reserves the right to accept total capital commitments in ss of this amount in its sole discretion. in Appendix, Column 3, if filing under ULOE. non-accredited investors who have purchased securities in this offering		
and the aggregate dollar amounts of	of their purchases. For offerings under Rule 504, indicate the number of ties and the aggregate dollar amount of their purchases on the total lines.		Aggregate
		Number Investors	Dollar Amount of Purchases
Accredited Investors		5	\$2,250,000
Non-accredited Investors		0	\$0
Total (for filings under Rule	504 only)		\$
Answer also i	n Appendix, Column 4, if filing under ULOE.		
by the issuer, to date, in offerings of	r Rule 504 or 505, enter the information requested for all securities sold of the types indicated, in the twelve (12) months prior to the first sale of securities by type listed in Part C - Question 1.		
		Type of Security	Dollar Amount Sold
Type of offering			. \$
Rule 505			<u> </u>
Regulation A			_ \$
Rule 504			
Total			\$
this offering. Exclude amounts rela	ses in connection with the issuance and distribution of the securities in ting solely to organization expenses of the issuer. The information may ingencies. If the amount of an expenditure is not known, furnish an ft of the estimate.		
Transfer Agent's Fees		••••••	s *
Printing and Engraving Costs			s *
Legal Fees			s *
Accounting Fees			s *
Engineering Fees			□ \$0 <u> </u>
Sales Commissions (specify finder	16		■ \$n*

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold.

* The Fund will bear its pro rata portion of all legal and other expense incurred in the formation of the Fund and certain affiliated funds and the offering of interests in such funds (other than any placement fees) up to an amount not to exceed \$1.5 million. Organization expenses in excess of this amount will be paid by the Fund but borne by the General Partner as a 100% offset against the management fee payable by an affiliated fund.

s*

\$1,500,000*

Other Expenses (identify)

Total

21994750v3 4 of 8

	response to Part C - Question 4.a. This difference is the "adjusted gros	ss proceeds to the issuer."		X438,300,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer amount for any purpose is not known, furnish an estimate and check must equal the adjusted gross proceeds to the issuer set forth in respon			
			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			□\$
	Purchase of real estate		□\$	□\$
	Purchase, rental or leasing and installation of machinery and equip	□\$	□\$	
	Construction or leasing of plant buildings and facilities	□\$	□\$	
	Acquisition of other businesses (including the value of securities is used in exchange for the assets or securities of another issuer purs			
	Repayment of indebtedness	□\$	□\$	
	Working capital	□\$	10\$	
	Other (specify): Investments	□\$	x ³ 498,500,000	
			□\$	
	Column Totals	□\$	x 498,500,000	
	Total Payments Listed (columns totals added)		x ³ 498,500,000	
_		EDERAL SIGNATURE		
an	e issuer has duly caused this notice to be signed by the undersigned dul undertaking by the issuer to furnish to the U.S. Securities and Exchangin-accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Iss	uer (Print or Type)	Signature	Date	
Th	e Baring Asia Private Equity Fund III Co-Investment L.P. 1		/ Au	gust 17, 2006
	ime of Signer (Print or Type)	Title of Signer (Print or Type)		
Те	k Yok Hua	Director of Baring Private Equity Asia Private Equity Asia GP III, L.P., th Fund III Co-Investment L.P. 1	ne general partner of The	Baring Asia Private Equity

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)